

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Monroe

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	10	10	\$263	\$26	\$26	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	16	648	\$57,311	\$3,582	\$88	41
Assessment		H0031	Encounter	83	137	\$15,693	\$189	\$115	2
Treatment Planning		H0032	Encounter	31	33	\$3,728	\$120	\$113	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	97	24,066	\$507,194	\$5,229	\$21	248
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	2	10	\$1,379	\$689	\$138	5
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	34	164	\$65,185	\$1,917	\$397	5
Community Living Supports (15 Minutes)		H2015	15 Minutes	11	10,906	\$33,387	\$3,035	\$3	991
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	43	318	\$171,687	\$3,993	\$540	7
Supported Employment Services		H2023	15 minutes	1	65	\$424	\$424	\$7	65
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	3	444	\$4,798	\$1,599	\$11	148
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning - April 2006

Michigan Department of Community Health

05/31/2006 - Revised on 8/02/2006

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State of Michigan

Monroe	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	1	78	\$14,492	\$14,492	\$186	78
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	35	31,109	\$256,322	\$7,323	\$8	889
Supports Coordination/Wrap Facilitation		T1016	15 minutes	0	0	\$0	\$0	\$0	0
Targeted Case Management		T1017	15 minutes	104	3,517	\$215,262	\$2,070	\$61	34
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	100	185	\$28,392	\$284	\$153	2
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	1	2	\$1,747	\$1,747	\$874	2
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				317		\$1,760,598			

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State of Michigan

Montcalm Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	11	57	\$31,244	\$2,840	\$548	5
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	1	8	\$4,416	\$4,416	\$552	8
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	60	62	\$20,531	\$342	\$331	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	10	13	\$1,423	\$142	\$109	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	102	481	\$68,939	\$676	\$143	5
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	80	262	\$37,477	\$468	\$143	3
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	9	63	\$2,259	\$251	\$36	7
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	70	292	\$39,492	\$564	\$135	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0

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Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		1	1	\$40	\$40	\$40	1
Additional Codes-Physician Services		99232		1	4	\$160	\$160	\$40	4
Additional Codes-Physician Services		99233		1	1	\$40	\$40	\$40	1
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0

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Montcalm	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	5	8	\$1,515	\$303	\$189	2
Assessment		H0031	Encounter	129	132	\$39,836	\$309	\$302	1
Treatment Planning		H0032	Encounter	122	182	\$10,183	\$83	\$56	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	105	27,805	\$586,156	\$5,582	\$21	265
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	10	16	\$2,977	\$298	\$186	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	89	394	\$20,748	\$233	\$53	4
Community Living Supports (15 Minutes)		H2015	15 Minutes	1	26	\$122	\$122	\$5	26
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	25	38	\$7,745	\$310	\$204	2
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	2	38	\$6	\$3	\$0	19
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Montcalm

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	30	20,656	\$106,347	\$3,545	\$5	689
Supports Coordination/Wrap Facilitation		T1016	15 minutes	12	44	\$3,315	\$276	\$75	4
Targeted Case Management		T1017	15 minutes	61	619	\$46,230	\$758	\$75	10
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	39	48	\$18,706	\$480	\$390	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				293		\$1,049,907			

CMHSP Cost Data by Service Category
Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Muskegon									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	1	237	\$38,039	\$38,039	\$161	237
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/TMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	14	117	\$46,342	\$3,310	\$396	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	17	128	\$43,473	\$2,557	\$340	8
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	2	9	\$1,391	\$695	\$155	5
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	114	122	\$27,314	\$240	\$224	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	23	55	\$5,578	\$243	\$101	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	271	1,467	\$332,226	\$1,226	\$226	5
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	94	156	\$31,345	\$333	\$201	2
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning - April 2006

Michigan Department of Community Health

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CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Muskegon

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	32	161	\$18,742	\$586	\$116	5
Therapy-Family Therapy		90847	Encounter	312	2,736	\$540,385	\$1,732	\$198	9
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	3	8	\$209	\$70	\$26	3
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	247	864	\$117,698	\$477	\$136	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	8	12	\$2,534	\$317	\$211	2
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	1	3	\$64	\$64	\$21	3
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Muskegon	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	2	2	\$456	\$228	\$228	1
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	152	162	\$65,181	\$429	\$402	1
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning - April 2006

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CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Muskegon

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	1	4	\$719	\$719	\$180	4
Prevention Services - Direct Model		H0025	Face to Face Contact	56	105	\$10,215	\$182	\$97	2
Assessment		H0031	Encounter	56	57	\$2,208	\$39	\$39	1
Treatment Planning		H0032	Encounter	52	61	\$54,926	\$1,056	\$900	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	46	2,967	\$436,643	\$9,492	\$147	65
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	71	355	\$26,344	\$371	\$74	5
Community Living Supports (15 Minutes)		H2015	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	1	22	\$1,723	\$1,723	\$78	22
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	1	75	\$5,875	\$5,875	\$78	75
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	57	27,097	\$16,518	\$290	\$1	475
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Muskegon

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	2	128	\$1,725	\$862	\$13	64
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	272	1,757	\$309,794	\$1,139	\$176	6
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	110	2,429	\$271,273	\$2,466	\$112	22
Targeted Case Management		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	1	97	\$999	\$999	\$10	97
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	79	102	\$67,521	\$855	\$662	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	19	41	\$2,623	\$138	\$64	2
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				546		\$2,480,086			

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Network180

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	3	383	\$62,320	\$20,773	\$163	128
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	117	823	\$465,315	\$3,977	\$565	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	5	116	\$71,000	\$14,200	\$612	23
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	61	232	\$51,405	\$843	\$222	4
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	172	178	\$28,382	\$165	\$159	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	43	241	\$18,557	\$432	\$77	6
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	507	3,705	\$264,567	\$522	\$71	7
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	21	25	\$1,912	\$91	\$76	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Network180

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	5	9	\$894	\$179	\$99	2
Therapy-Family Therapy		90847	Encounter	113	313	\$21,305	\$189	\$68	3
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	7	28	\$671	\$96	\$24	4
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	280	754	\$36,518	\$130	\$48	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	1	5	\$361	\$361	\$72	5
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Children with Mental Illness

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State of Michigan

Network180

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232	Encounter	2	2	\$120	\$60	\$60	1
Additional Codes-Physician Services		99233	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170	Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
General dental services		D0150	Encounter	0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning - April 2006

Michigan Department of Community Health

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Children with Mental Illness

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State of Michigan

Network180

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	1	10	\$750	\$750	\$75	10
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	1	1	\$410	\$410	\$410	1
Crisis Residential Services		H0018	Days	44	303	\$85,663	\$1,947	\$283	7
Prevention Services - Direct Model		H0025	Face to Face Contact	388	3,858	\$588,573	\$1,517	\$153	10
Assessment		H0031	Encounter	830	955	\$48,975	\$59	\$51	1
Treatment Planning		H0032	Encounter	1	1	\$115	\$115	\$115	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	113	7,188	\$286,185	\$2,533	\$40	64
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	3	117	\$7,055	\$2,352	\$60	39
Community Living Supports in Independent living/own home		H0043	Per diem	106	355	\$37,381	\$353	\$105	3
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	235	1,494	\$100,352	\$427	\$67	6
Community Living Supports (15 Minutes)		H2015	15 Minutes	1	1,690	\$5,369	\$5,369	\$3	1,690
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	18	1,805	\$401,839	\$22,324	\$223	100
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	1	390	\$1,221	\$1,221	\$3	390
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	1	291	\$666	\$666	\$2	291
Medication Review		M0064	Encounter Face-to-Face	10	20	\$1,186	\$119	\$59	2
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	646	10,498	\$1,157,541	\$1,792	\$110	16
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0

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CMHSP Cost Data by Service Category

Children with Mental Illness

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State of Michigan

Network180	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	1	3	\$324	\$324	\$108	3
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	2	15	\$653	\$327	\$44	8
Targeted Case Management		T1017	15 minutes	6	97	\$8,682	\$1,447	\$90	16
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	1	1	\$422	\$422	\$422	1
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				20	0	\$10,637	\$532	\$0	0
Other				0	0	\$73,794	\$0	\$0	0
Total Population and Cost				2,063		\$3,841,120			

CMHSP Cost Data by Service Category

Children with Mental Illness

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State of Michigan

Newaygo

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	12	91	\$57,853	\$4,821	\$636	8
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	77	78	\$10,821	\$141	\$139	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	41	105	\$5,229	\$128	\$50	3
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	95	422	\$47,172	\$497	\$112	4
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	8	47	\$11,968	\$1,496	\$255	6
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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State of Michigan

Newaygo

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	3	4	\$476	\$159	\$119	1
Therapy-Family Therapy		90847	Encounter	74	242	\$27,224	\$368	\$112	3
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	1	2	\$126	\$126	\$63	2
Therapy-Group Therapy		90857	Encounter	2	5	\$682	\$341	\$136	3
Medication Review		90862	Encounter	68	334	\$38,996	\$573	\$117	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	35	203	\$18,593	\$531	\$92	6
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0

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Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0

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Children with Mental Illness

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Newaygo

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	53	179	\$34,231	\$646	\$191	3
Assessment		H0031	Encounter	206	394	\$44,616	\$217	\$113	2
Treatment Planning		H0032	Encounter	133	163	\$20,559	\$155	\$126	1
Health Services		H0034	15 Minutes	3	3	\$164	\$55	\$55	1
Home Based Services		H0036	15 Minutes	68	6,079	\$342,619	\$5,039	\$56	89
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	7	15	\$836	\$119	\$56	2
Community Living Supports (15 Minutes)		H2015	15 Minutes	1	68	\$2,568	\$2,568	\$38	68
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	79	347	\$75,830	\$960	\$219	4
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	35	40,014	\$25,611	\$732	\$1	1,143
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning - April 2006

Michigan Department of Community Health

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CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Newaygo

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	5	7	\$612	\$122	\$87	1
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	91	416	\$18,889	\$208	\$45	5
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	1	342	\$184	\$184	\$1	342
Supports Coordination/Wrap Facilitation		T1016	15 minutes	20	552	\$29,111	\$1,456	\$53	28
Targeted Case Management		T1017	15 minutes	70	3,822	\$240,471	\$3,435	\$63	55
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	17	57	\$1,693	\$100	\$30	3
Enhanced Medical Supplies or Pharmacy		T1999	Items	1	59	\$37	\$37	\$1	59
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	164	\$5,998	\$0	\$37	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				270		\$1,063,169			

CMHSP Cost Data by Service Category
Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

North Country									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	31	279	\$165,124	\$5,327	\$592	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	32	199	\$116,524	\$3,641	\$586	6
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	163	164	\$51,574	\$316	\$314	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	85	123	\$7,549	\$89	\$61	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	477	2,018	\$232,013	\$486	\$115	4
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	4	5	\$838	\$210	\$168	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	22	36	\$2,448	\$111	\$68	2
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	122	610	\$68,938	\$565	\$113	5
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

North Country Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	88	130	\$14,332	\$163	\$110	1
Therapy-Family Therapy		90847	Encounter	348	1,110	\$124,051	\$356	\$112	3
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	281	998	\$98,595	\$351	\$99	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	2	2	\$576	\$288	\$288	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

North Country									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment or Health Services		97802	15 Minutes	3	8	\$262	\$87	\$33	3
Assessment or Health Services		97803	15 Minutes	1	3	\$109	\$109	\$36	3
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	1	209	\$371	\$371	\$2	209
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	42	43	\$4,974	\$118	\$116	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	708	745	\$160,974	\$227	\$216	1
Treatment Planning		H0032	Encounter	623	827	\$116,238	\$187	\$141	1
Health Services		H0034	15 Minutes	13	17	\$665	\$51	\$39	1
Home Based Services		H0036	15 Minutes	39	4,702	\$251,859	\$6,458	\$54	121
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	1	1	\$44	\$44	\$44	1
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	3	20	\$1,310	\$437	\$66	7
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	131	586	\$34,388	\$263	\$59	4
Community Living Supports (15 Minutes)		H2015	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	2	517	\$80,348	\$40,174	\$155	259
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	1	68	\$260	\$260	\$4	68
Medication Review		M0064	Encounter Face-to-Face	171	318	\$20,943	\$122	\$66	2
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	40	41,650	\$44,884	\$1,122	\$1	1,041
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0

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CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

North Country									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	95	98	\$15,568	\$164	\$159	1
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	9	84	\$5,751	\$639	\$68	9
Targeted Case Management		T1017	15 minutes	25	1,909	\$77,650	\$3,106	\$41	76
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	1	157	\$1,957	\$1,957	\$12	157
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	43	54	\$6,641	\$154	\$123	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				1,046		\$1,707,758			

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northeast Michigan

Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	133	134	\$35,198	\$265	\$263	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	10	12	\$506	\$51	\$42	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	45	159	\$11,802	\$262	\$74	4
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	1	1	\$92	\$92	\$92	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	5	5	\$362	\$72	\$72	1
Therapy-Family Therapy		90847	Encounter	23	46	\$3,333	\$145	\$72	2
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	8	22	\$775	\$97	\$35	3
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	261	667	\$70,146	\$269	\$105	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	1	2	\$151	\$151	\$75	2
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	65	69	\$8,700	\$134	\$126	1
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0

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CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	2	2	\$112	\$56	\$56	1
Additional Codes-Physician Services		99202	Encounter	5	7	\$746	\$149	\$107	1
Additional Codes-Physician Services		99203	Encounter	6	6	\$1,077	\$180	\$180	1
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	1	1	\$337	\$337	\$337	1
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	1	1	\$56	\$56	\$56	1
Additional Codes-Physician Services		99213	Encounter	6	7	\$786	\$131	\$112	1
Additional Codes-Physician Services		99214	Encounter	8	8	\$1,437	\$180	\$180	1
Additional Codes-Physician Services		99215	Encounter	14	15	\$3,788	\$271	\$253	1
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	1	1	\$269	\$269	\$269	1
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0

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CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northeast Michigan

Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		1	1	\$32	\$32	\$32	1
Assessment		H0002	Encounter	3	3	\$678	\$226	\$226	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	212	219	\$27,447	\$129	\$125	1
Treatment Planning		H0032	Encounter	126	161	\$16,694	\$132	\$104	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	151	7,711	\$410,476	\$2,718	\$53	51
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	1	2	\$166	\$166	\$83	2
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	63	252	\$5,314	\$84	\$21	4
Community Living Supports (15 Minutes)		H2015	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	1	122	\$4,825	\$4,825	\$40	122
Community Living Supports (Daily)		H2016	Per Diem	1	243	\$19,271	\$19,271	\$79	243
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	1	15	\$3,199	\$3,199	\$213	15

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CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	48	48	\$5,255	\$109	\$109	1
Health Services		T1002	Up to 15 min	1	1	\$48	\$48	\$48	1
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	4	7,482	\$6,206	\$1,552	\$1	1,871
Supports Coordination/Wrap Facilitation		T1016	15 minutes	2	8	\$678	\$339	\$85	4
Targeted Case Management		T1017	15 minutes	1	8	\$152	\$152	\$19	8
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	1	365	\$4,479	\$4,479	\$12	365
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	80	96	\$8,544	\$107	\$89	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				440		\$653,138			

CMHSP Cost Data by Service Category
Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northern Lakes									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	2	66	\$20,655	\$10,328	\$313	33
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/TMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	19	151	\$46,208	\$2,432	\$306	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	41	270	\$82,622	\$2,015	\$306	7
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	1	1	\$41	\$41	\$41	1
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	667	802	\$152,110	\$228	\$190	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	138	286	\$14,661	\$106	\$51	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	323	1,112	\$96,903	\$300	\$87	3
Therapy-Individual Therapy		90806	Encounter 45-50 Min	331	1,728	\$186,014	\$562	\$108	5
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	24	26	\$4,265	\$178	\$164	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	1	3	\$292	\$292	\$97	3
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northern Lakes									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	50	63	\$7,429	\$149	\$118	1
Therapy-Family Therapy		90847	Encounter	392	1,342	\$171,979	\$439	\$128	3
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	31	108	\$6,643	\$214	\$62	3
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	221	545	\$53,080	\$240	\$97	2
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	4	17	\$2,789	\$697	\$164	4
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	1	1	\$144	\$144	\$144	1
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	1	1	\$251	\$251	\$251	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	1	2	\$84	\$84	\$42	2
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	1	18	\$756	\$756	\$42	18
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0

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CMHSP Cost Data by Service Category

Children with Mental Illness

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State of Michigan

Northern Lakes									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170	Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
General dental services		D0150	Encounter	0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northern Lakes									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	80	82	\$10,088	\$126	\$123	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	380	739	\$121,221	\$319	\$164	2
Treatment Planning		H0032	Encounter	545	683	\$112,035	\$206	\$164	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	145	19,090	\$880,706	\$6,074	\$46	132
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	1	2	\$4	\$4	\$2	2
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	2	7	\$1,722	\$861	\$246	4
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	113	1,316	\$99,011	\$876	\$75	12
Community Living Supports (15 Minutes)		H2015	15 Minutes	6	54,841	\$233,074	\$38,846	\$4	9,140
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	25	1,492	\$78,608	\$3,144	\$53	60
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	224	468	\$28,788	\$129	\$62	2
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	77	166	\$23,826	\$309	\$144	2
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	87	70,002	\$41,826	\$481	\$1	805
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning - April 2006

Michigan Department of Community Health

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CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northern Lakes Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	1	2	\$154	\$154	\$77	2
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	18	19	\$2,728	\$152	\$144	1
Health Services		T1002	Up to 15 min	121	439	\$14,338	\$118	\$33	4
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	38	33,337	\$126,626	\$3,332	\$4	877
Supports Coordination/Wrap Facilitation		T1016	15 minutes	20	820	\$33,479	\$1,674	\$41	41
Targeted Case Management		T1017	15 minutes	362	7,604	\$310,454	\$858	\$41	21
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	24	1,127	\$20,957	\$873	\$19	47
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	39	57	\$8,181	\$210	\$144	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	1	1	\$572	\$572	\$572	1
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				1,133		\$2,995,321			

CMHSP Cost Data by Service Category
Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northpointe

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	2	413	\$115,713	\$57,856	\$280	207
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	24	158	\$101,079	\$4,212	\$640	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	67	86	\$21,122	\$315	\$246	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	57	166	\$8,373	\$147	\$50	3
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	86	396	\$39,948	\$465	\$101	5
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	5	5	\$757	\$151	\$151	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Children with Mental Illness

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State of Michigan

Northpointe

Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	3	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	5	\$757	\$0	\$151	0
Therapy-Family Therapy		90847	Encounter	35	96	\$14,527	\$415	\$151	3
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	17	171	\$17,250	\$1,015	\$101	10
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	76	305	\$37,454	\$493	\$123	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	1	1	\$151	\$151	\$151	1
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0

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State of Michigan

Northpointe

Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment or Health Services		97802	15 Minutes	1	3	\$113	\$113	\$38	3
Assessment or Health Services		97803	15 Minutes	1	2	\$75	\$75	\$38	2
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170	Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
General dental services		D0150	Encounter	0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0

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State of Michigan

Northpointe

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	64	64	\$32,349	\$505	\$505	1
Assessment		H0031	Encounter	140	152	\$30,668	\$219	\$202	1
Treatment Planning		H0032	Encounter	105	153	\$25,367	\$242	\$166	1
Health Services		H0034	15 Minutes	1	2	\$89	\$89	\$45	2
Home Based Services		H0036	15 Minutes	23	2,329	\$181,895	\$7,908	\$78	101
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	8	81	\$5,930	\$741	\$73	10
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	44	190	\$10,792	\$245	\$57	4
Community Living Supports (15 Minutes)		H2015	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	1	28	\$1,155	\$1,155	\$41	28
Community Living Supports (Daily)		H2016	Per Diem	5	764	\$90,121	\$18,024	\$118	153
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	12	28	\$71,228	\$5,936	\$2,544	2
Supported Employment Services		H2023	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	3	3	\$156	\$52	\$52	1
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	19	8,486	\$14,426	\$759	\$2	447
Respite		S5151	Per Diem	4	9	\$338	\$84	\$38	2

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CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northpointe

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	9	9	\$2,345	\$261	\$261	1
Health Services		T1002	Up to 15 min	2	3	\$78	\$39	\$26	2
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	69	2,002	\$133,634	\$1,937	\$67	29
Targeted Case Management		T1017	15 minutes	17	114	\$7,565	\$445	\$66	7
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	4	436	\$2,636	\$659	\$6	109
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	64	82	\$16,154	\$252	\$197	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				295		\$984,246			

CMHSP Cost Data by Service Category
Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Oakland

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	10	794	\$217,965	\$21,797	\$275	79
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	171	1,922	\$893,470	\$5,225	\$465	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	2	25	\$12,330	\$6,165	\$493	13
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	105	1,077	\$123,599	\$1,177	\$115	10
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	6	6	\$348	\$58	\$58	1
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	725	954	\$764,278	\$1,054	\$801	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	593	3,696	\$324,472	\$547	\$88	6
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	336	1,452	\$194,960	\$580	\$134	4
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	78	106	\$20,357	\$261	\$192	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	4	6	\$600	\$150	\$100	2
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Oakland

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	513	2,359	\$403,554	\$787	\$171	5
Therapy-Family Therapy		90847	Encounter	748	6,794	\$1,207,905	\$1,615	\$178	9
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	88	437	\$33,304	\$378	\$76	5
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	602	3,074	\$415,881	\$691	\$135	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	9	80	\$17,986	\$1,998	\$225	9
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0

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CMHSP Cost Data by Service Category

Children with Mental Illness

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State of Michigan

Oakland

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	1	1	\$59	\$59	\$59	1
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170	Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	101	121	\$40,251	\$399	\$333	1
Additional codes - Transportation		A0428	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
General dental services		D0150	Encounter	0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Oakland

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	9	13	\$2,402	\$267	\$185	1
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	749	1,003	\$423,848	\$566	\$423	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	295	328	\$65,456	\$222	\$200	1
Treatment Planning		H0032	Encounter	680	1,122	\$180,810	\$266	\$161	2
Health Services		H0034	15 Minutes	1	3	\$174	\$174	\$58	3
Home Based Services		H0036	15 Minutes	313	37,793	\$2,235,456	\$7,142	\$59	121
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	30	330	\$58,592	\$1,953	\$178	11
Behavior Management Review		H2000	Encounter	2	2	\$320	\$160	\$160	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	450	1,611	\$54,017	\$120	\$34	4
Community Living Supports (15 Minutes)		H2015	15 Minutes	0	0	\$57,343	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	10	562	\$132,480	\$13,248	\$236	56
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	252	2,561	\$263,677	\$1,046	\$103	10
Supported Employment Services		H2023	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	7	7	\$1,029	\$147	\$147	1
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	98	889	\$238,128	\$2,430	\$268	9
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	191	103,411	\$223,368	\$1,169	\$2	541
Respite		S5151	Per Diem	95	1,220	\$149,206	\$1,571	\$122	13

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CMHSP Cost Data by Service Category
Children with Mental Illness

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State of Michigan

Oakland	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	5	11	\$4,950	\$990	\$450	2
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	13	20	\$1,424	\$110	\$71	2
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	15	108	\$664	\$44	\$6	7
Supports Coordination/Wrap Facilitation		T1016	15 minutes	101	2,162	\$270,985	\$2,683	\$125	21
Targeted Case Management		T1017	15 minutes	133	3,551	\$226,731	\$1,705	\$64	27
Nursing Home Mental Health Monitoring		T1017	15 minutes	1	8	\$452	\$452	\$57	8
Personal Care in Licensed Specialized Residential Setting		T1020	Days	10	562	\$44,494	\$4,449	\$79	56
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	349	569	\$145,116	\$416	\$255	2
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	1	1	\$826	\$826	\$826	1
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	6	6	\$2,979	\$497	\$497	1
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$43,050	\$0	\$0	0
Other				139	0	\$161,744	\$1,164	\$0	0
Total Population and Cost				1,596		\$9,661,040			

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Ottawa

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	13	85	\$51,222	\$3,940	\$603	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	1	5	\$183	\$183	\$37	5
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	60	661	\$4,495	\$75	\$7	11
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	81	84	\$36,644	\$452	\$436	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	5	11	\$664	\$133	\$60	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	107	712	\$52,912	\$495	\$74	7
Therapy-Individual Therapy		90807	Encounter 45-50 Min	5	6	\$4,197	\$839	\$700	1
Therapy-Individual Therapy		90808	Encounter 75-80 Min	2	2	\$0	\$0	\$0	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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CMHSP Cost Data by Service Category

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State of Michigan

Ottawa

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	25	81	\$6,448	\$258	\$80	3
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	105	426	\$77,776	\$741	\$183	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0

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Children with Mental Illness

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Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221	0	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222	0	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223	0	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231	0	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232	0	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233	0	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120	0	0	0	\$0	\$0	\$0	0
Transportation		A0130	0	0	0	\$0	\$0	\$0	0
Transportation		A0140	0	0	0	\$0	\$0	\$0	0
Transportation		A0170	0	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428	0	0	0	\$0	\$0	\$0	0
General dental services		D0150	0	0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0

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CMHSP Cost Data by Service Category

Children with Mental Illness

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State of Michigan

Ottawa

Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	1	3	\$856	\$856	\$285	3
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	197	210	\$80,345	\$408	\$383	1
Treatment Planning		H0032	Encounter	112	186	\$24,889	\$222	\$134	2
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	28	2,904	\$177,342	\$6,334	\$61	104
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	43	387	\$22,059	\$513	\$57	9
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	112	598	\$86,596	\$773	\$145	5
Community Living Supports (15 Minutes)		H2015	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	1	4	\$948	\$948	\$237	4
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0

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CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Ottawa

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	67	32,672	\$57,930	\$865	\$2	488
Supports Coordination/Wrap Facilitation		T1016	15 minutes	1	8	\$1,719	\$1,719	\$215	8
Targeted Case Management		T1017	15 minutes	8	36	\$3,120	\$390	\$87	5
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				1	0	\$23	\$23	\$0	0
Total Population and Cost				444		\$690,368			

CMHSP Cost Data by Service Category
Children with Mental Illness
Fiscal Year 2004-2005
State of Michigan

Pathways	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	4	569	\$207,116	\$51,779	\$364	142
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	48	328	\$240,873	\$5,018	\$734	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	46	46	\$24,568	\$534	\$534	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	1	1	\$127	\$127	\$127	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	188	1,487	\$272,121	\$1,447	\$183	8
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Pathways

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	3	4	\$765	\$255	\$191	1
Therapy-Family Therapy		90847	Encounter	146	833	\$138,011	\$945	\$166	6
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	5	39	\$2,617	\$523	\$67	8
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	137	616	\$161,226	\$1,177	\$262	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	1	2	\$937	\$937	\$469	2
Speech & Language Therapy		92506	Encounter	5	5	\$2,508	\$502	\$502	1
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	2	10	\$2,095	\$1,047	\$209	5
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	5	45	\$12,895	\$2,579	\$285	9
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	1	8	\$3,078	\$3,078	\$385	8
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	6	6	\$8,041	\$1,340	\$1,340	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	1	4	\$647	\$647	\$162	4
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Pathways

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment or Health Services		97802	15 Minutes	1	24	\$1,944	\$1,944	\$81	24
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		1	1	\$79	\$79	\$79	1
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		1	1	\$81	\$81	\$81	1
Additional Codes-Physician Services		99232		1	1	\$79	\$79	\$79	1
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0

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Children with Mental Illness

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State of Michigan

Pathways	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	14	174	\$23,099	\$1,650	\$133	12
Assessment		H0031	Encounter	304	410	\$94,456	\$311	\$230	1
Treatment Planning		H0032	Encounter	194	247	\$86,262	\$445	\$349	1
Health Services		H0034	15 Minutes	6	7	\$731	\$122	\$104	1
Home Based Services		H0036	15 Minutes	115	3,301	\$639,602	\$5,562	\$194	29
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	2	32	\$268	\$134	\$8	16
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	5	13	\$4,389	\$878	\$338	3
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	227	1,952	\$109,917	\$484	\$56	9
Community Living Supports (15 Minutes)		H2015	15 Minutes	11	952	\$4,827	\$439	\$5	87
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	3	155	\$27,398	\$9,133	\$177	52
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	107	753	\$49,487	\$462	\$66	7
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0

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CMHSP Cost Data by Service Category

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Pathways	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	2	2	\$719	\$360	\$360	1
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	6	10	\$1,304	\$217	\$130	2
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	7	1,985	\$12,466	\$1,781	\$6	284
Supports Coordination/Wrap Facilitation		T1016	15 minutes	16	255	\$24,789	\$1,549	\$97	16
Targeted Case Management		T1017	15 minutes	63	2,487	\$151,632	\$2,407	\$61	39
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	160	245	\$40,381	\$252	\$165	2
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				591		\$2,351,533			

CMHSP Cost Data by Service Category
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Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	9	47	\$26,431	\$2,937	\$562	5
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	164	219	\$56,502	\$345	\$258	1
Assessment-Psychiatric Assessment		90802	Encounter	1	1	\$400	\$400	\$400	1
Therapy-Individual Therapy		90804	Encounter 20-30 Min	181	203	\$13,295	\$73	\$65	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	4	11	\$1,260	\$315	\$115	3
Therapy-Individual Therapy		90806	Encounter 45-50 Min	310	1,657	\$198,180	\$639	\$120	5
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	37	77	\$10,100	\$273	\$131	2
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	30	371	\$27,010	\$900	\$73	12
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	118	450	\$38,457	\$326	\$85	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	2	2	\$47	\$24	\$24	1
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0

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Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222	Encounter	1	1	\$70	\$70	\$70	1
Additional Codes-Physician Services		99223	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170	Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
General dental services		D0150	Encounter	0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0

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Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	310	318	\$28,840	\$93	\$91	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	78	1,543	\$107,506	\$1,378	\$70	20
Assessment		H0031	Encounter	166	171	\$22,160	\$133	\$130	1
Treatment Planning		H0032	Encounter	256	269	\$16,371	\$64	\$61	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	13	2,559	\$76,770	\$5,905	\$30	197
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	1	8	\$240	\$240	\$30	8
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	34	178	\$4,980	\$146	\$28	5
Community Living Supports (15 Minutes)		H2015	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	5	6	\$660	\$132	\$110	1
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	20	14,766	\$11,075	\$554	\$1	738
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0

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CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Pines

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	28	281	\$5,100	\$182	\$18	10
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	0	0	\$0	\$0	\$0	0
Targeted Case Management		T1017	15 minutes	3	26	\$936	\$312	\$36	9
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	1	1	\$243	\$243	\$243	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				524		\$646,633			

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Saginaw

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	13	740	\$303,045	\$23,311	\$410	57
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	1	24	\$12,234	\$12,234	\$510	24
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	78	483	\$315,663	\$4,047	\$654	6
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration	90782		Encounter	2	16	\$604	\$302	\$38	8
Medication Administration	90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment	90801		Encounter	106	118	\$20,643	\$195	\$175	1
Assessment-Psychiatric Assessment	90802		Encounter	47	52	\$8,721	\$186	\$168	1
Therapy-Individual Therapy	90804		Encounter 20-30 Min	31	45	\$3,505	\$113	\$78	1
Therapy-Individual Therapy	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90806		Encounter 45-50 Min	204	1,294	\$119,491	\$586	\$92	6
Therapy-Individual Therapy	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90808		Encounter 75-80 Min	8	22	\$3,044	\$381	\$138	3
Therapy-Individual Therapy	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90810		Encounter 20-30 Min	4	4	\$376	\$94	\$94	1
Therapy-Individual Therapy	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90812		Encounter 45-50 Min	32	361	\$46,428	\$1,451	\$129	11
Therapy-Individual Therapy	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90814		Encounter 75-80 Min	11	20	\$4,068	\$370	\$203	2
Therapy-Individual Therapy	90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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CMHSP Cost Data by Service Category

Children with Mental Illness

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State of Michigan

Saginaw

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	15	40	\$4,693	\$313	\$117	3
Therapy-Family Therapy		90847	Encounter	76	322	\$37,801	\$497	\$117	4
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	6	43	\$1,983	\$331	\$46	7
Therapy-Group Therapy		90857	Encounter	1	1	\$70	\$70	\$70	1
Medication Review		90862	Encounter	218	805	\$84,183	\$386	\$105	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	1	4	\$649	\$649	\$162	4
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0

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CMHSP Cost Data by Service Category

Children with Mental Illness

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State of Michigan

Saginaw

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	13	24	\$143	\$11	\$6	2
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	1	161	\$958	\$958	\$6	161
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0

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Children with Mental Illness

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State of Michigan

Saginaw

Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		2	8	\$575	\$288	\$72	4
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	1	22	\$8,566	\$8,566	\$389	22
Prevention Services - Direct Model		H0025	Face to Face Contact	2	35	\$3,040	\$1,520	\$87	18
Assessment		H0031	Encounter	227	261	\$44,611	\$197	\$171	1
Treatment Planning		H0032	Encounter	4	5	\$570	\$143	\$114	1
Health Services		H0034	15 Minutes	2	5	\$234	\$117	\$47	3
Home Based Services		H0036	15 Minutes	186	15,551	\$910,567	\$4,896	\$59	84
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - BBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	265	1,969	\$134,609	\$508	\$68	7
Community Living Supports (15 Minutes)		H2015	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	1	87	\$2,697	\$2,697	\$31	87
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	6	184	\$94,712	\$15,785	\$515	31
Supported Employment Services		H2023	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	1	78	\$197	\$197	\$3	78
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0

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CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Saginaw

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	1	1	\$120	\$120	\$120	1
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	41	16,238	\$57,645	\$1,406	\$4	396
Supports Coordination/Wrap Facilitation		T1016	15 minutes	6	45	\$2,851	\$475	\$63	8
Targeted Case Management		T1017	15 minutes	59	2,089	\$95,431	\$1,617	\$46	35
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	1	87	\$1,434	\$1,434	\$16	87
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	234	298	\$45,276	\$193	\$152	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	5	33	\$5,142	\$1,028	\$156	7
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	17	105	\$7,667	\$451	\$73	6
Housing Assistance		T2038	Month	1	1	\$22	\$22	\$22	1
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				734		\$2,384,268			

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Sanilac Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	1	86	\$25,418	\$25,418	\$296	86
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	4	43	\$11,936	\$2,984	\$278	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	3	16	\$11,905	\$3,968	\$744	5
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	32	33	\$7,113	\$222	\$216	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	9	13	\$1,148	\$128	\$88	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	50	391	\$53,762	\$1,075	\$137	8
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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CMHSP Cost Data by Service Category

Children with Mental Illness

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State of Michigan

Sanilac	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	1	1	\$74	\$74	\$74	1
Therapy-Family Therapy		90847	Encounter	23	73	\$10,199	\$443	\$140	3
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	13	81	\$27,252	\$2,096	\$336	6
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	55	258	\$18,023	\$328	\$70	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	2	6	\$784	\$392	\$131	3
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0

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CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Sanilac									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0

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Children with Mental Illness

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State of Michigan

Sanilac	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	100	105	\$41,079	\$411	\$391	1
Treatment Planning		H0032	Encounter	72	113	\$37,643	\$523	\$333	2
Health Services		H0034	15 Minutes	19	24	\$1,102	\$58	\$46	1
Home Based Services		H0036	15 Minutes	30	2,157	\$78,261	\$2,609	\$36	72
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	11	63	\$6,283	\$571	\$100	6
Community Living Supports (15 Minutes)		H2015	15 Minutes	22	579	\$3,118	\$142	\$5	26
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	7	7	\$356	\$51	\$51	1
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0

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Children with Mental Illness

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State of Michigan

Sanilac

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	92	421	\$14,897	\$162	\$35	5
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	8	4,624	\$11,693	\$1,462	\$3	578
Supports Coordination/Wrap Facilitation		T1016	15 minutes	0	0	\$0	\$0	\$0	0
Targeted Case Management		T1017	15 minutes	44	1,359	\$114,238	\$2,596	\$84	31
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	1	1	\$851	\$851	\$851	1
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				125		\$477,135			

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Shiawassee

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	1	109	\$31,893	\$31,893	\$293	109
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	7	119	\$79,514	\$11,359	\$668	17
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	6	27	\$16,715	\$2,786	\$619	5
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	55	55	\$9,575	\$174	\$174	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	20	33	\$2,060	\$103	\$62	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	103	755	\$70,045	\$680	\$93	7
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning - April 2006

Michigan Department of Community Health

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CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Shiawassee

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	70	368	\$53,229	\$760	\$145	5
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	104	439	\$26,763	\$257	\$61	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	2	15	\$2,840	\$1,420	\$189	8
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0

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CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Shiawassee

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222	Encounter	2	2	\$35	\$18	\$18	1
Additional Codes-Physician Services		99223	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231	Encounter	3	6	\$149	\$50	\$25	2
Additional Codes-Physician Services		99232	Encounter	4	12	\$315	\$79	\$26	3
Additional Codes-Physician Services		99233	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170	Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
General dental services		D0150	Encounter	0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Shiawassee

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support BBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	122	122	\$24,500	\$201	\$201	1
Treatment Planning		H0032	Encounter	1	1	\$79	\$79	\$79	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	73	7,886	\$352,727	\$4,832	\$45	108
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	1	2	\$143	\$143	\$72	2
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - BBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	50	162	\$9,236	\$185	\$57	3
Community Living Supports (15 Minutes)		H2015	15 Minutes	1	18	\$66	\$66	\$4	18
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	25	598	\$150,578	\$6,023	\$252	24
Supported Employment Services		H2023	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0

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Children with Mental Illness

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State of Michigan

Shiawassee									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	31	9,112	\$34,602	\$1,116	\$4	294
Supports Coordination/Wrap Facilitation		T1016	15 minutes	1	5	\$276	\$276	\$55	5
Targeted Case Management		T1017	15 minutes	22	807	\$52,667	\$2,394	\$65	37
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	24	32	\$7,297	\$304	\$228	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	1	1	\$7	\$7	\$7	1
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				239		\$925,311			

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

St. Clair

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	59	459	\$245,058	\$4,154	\$534	8
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	19	81	\$16,890	\$889	\$209	4
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	277	358	\$42,903	\$155	\$120	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	109	788	\$63,842	\$586	\$81	7
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	247	2,349	\$245,173	\$993	\$104	10
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	52	122	\$21,513	\$414	\$176	2
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	1	1	\$127	\$127	\$127	1
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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CMHSP Cost Data by Service Category

Children with Mental Illness

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State of Michigan

St. Clair

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	71	271	\$26,471	\$373	\$98	4
Therapy-Family Therapy		90847	Encounter	164	983	\$100,434	\$612	\$102	6
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	64	633	\$87,018	\$1,360	\$137	10
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	162	557	\$35,323	\$218	\$63	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	2	12	\$2,607	\$1,304	\$217	6
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	16	16	\$6,122	\$383	\$383	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	11	106	\$4,501	\$409	\$42	10
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	2	17	\$671	\$336	\$39	9
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0

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Children with Mental Illness

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State of Michigan

St. Clair	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	2	2	\$169	\$85	\$85	1
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	1	1	\$55	\$55	\$55	1
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170	Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
General dental services		D0150	Encounter	0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Children with Mental Illness

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State of Michigan

St. Clair									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, pore, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	24	569	\$93,304	\$3,888	\$164	24
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	310	351	\$100,830	\$325	\$287	1
Treatment Planning		H0032	Encounter	199	360	\$100,225	\$504	\$278	2
Health Services		H0034	15 Minutes	11	21	\$900	\$82	\$43	2
Home Based Services		H0036	15 Minutes	133	50,687	\$1,381,260	\$10,385	\$27	381
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	1	8	\$893	\$893	\$112	8
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	22	309	\$7,487	\$340	\$24	14
Community Living Supports (15 Minutes)		H2015	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	5	1,144	\$18,420	\$3,684	\$16	229
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	18	994	\$126,525	\$7,029	\$127	55
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	60	298	\$40,220	\$670	\$135	5
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	17	19,655	\$15,967	\$939	\$1	1,156
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0

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State of Michigan

St. Clair

Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	24	24	\$8,324	\$347	\$347	1
Health Services		T1002	Up to 15 min	18	75	\$5,431	\$302	\$72	4
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	31	13,905	\$59,480	\$1,919	\$4	449
Supports Coordination/Wrap Facilitation		T1016	15 minutes	3	80	\$5,838	\$1,946	\$73	27
Targeted Case Management		T1017	15 minutes	233	7,513	\$412,278	\$1,769	\$55	32
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	21	2,138	\$21,442	\$1,021	\$10	102
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	4	5	\$2,332	\$583	\$466	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	11	116	\$4,907	\$446	\$42	11
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				445		\$3,304,940			

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Children with Mental Illness

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State of Michigan

St. Joseph Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	1	104	\$46,722	\$46,722	\$449	104
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	2	10	\$5,028	\$2,514	\$503	5
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	11	102	\$76,589	\$6,963	\$751	9
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	103	107	\$28,252	\$274	\$264	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	6	7	\$398	\$66	\$57	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	112	175	\$32,423	\$289	\$185	2
Therapy-Individual Therapy		90806	Encounter 45-50 Min	131	857	\$86,057	\$657	\$100	7
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	37	96	\$9,514	\$257	\$99	3
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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St. Joseph

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	9	14	\$1,388	\$154	\$99	2
Therapy-Family Therapy		90847	Encounter	12	21	\$2,081	\$173	\$99	2
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	1	1	\$90	\$90	\$90	1
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	180	443	\$38,840	\$216	\$88	2
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0

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St. Joseph									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170	Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
General dental services		D0150	Encounter	0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0

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St. Joseph	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	1	1	\$62	\$62	\$62	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	64	2,317	\$321,655	\$5,026	\$139	36
Assessment		H0031	Encounter	104	104	\$7,086	\$68	\$68	1
Treatment Planning		H0032	Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	89	7,227	\$284,093	\$3,192	\$39	81
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	47	364	\$27,586	\$587	\$76	8
Community Living Supports (15 Minutes)		H2015	15 Minutes	16	5,927	\$15,853	\$991	\$3	370
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	23	10,034	\$30,333	\$1,319	\$3	436
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0

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St. Joseph

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	9	2,570	\$7,769	\$863	\$3	286
Supports Coordination/Wrap Facilitation		T1016	15 minutes	0	0	\$0	\$0	\$0	0
Targeted Case Management		T1017	15 minutes	52	3,162	\$116,380	\$2,238	\$37	61
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				356		\$1,138,199			

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Summit Pointe Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	1	61	\$25,803	\$25,803	\$423	61
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/TMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	37	376	\$307,578	\$8,313	\$818	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	1	15	\$10,929	\$10,929	\$729	15
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	544	571	\$106,616	\$196	\$187	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	57	78	\$6,716	\$118	\$86	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	570	2,134	\$289,941	\$509	\$136	4
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	4	4	\$676	\$169	\$169	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

Division of Quality Management and Planning - April 2006

Michigan Department of Community Health

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CMHSP Cost Data by Service Category

Children with Mental Illness

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State of Michigan

Summit Pointe Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	6	9	\$1,252	\$209	\$139	2
Therapy-Family Therapy		90847	Encounter	126	351	\$48,821	\$387	\$139	3
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	155	946	\$75,631	\$488	\$80	6
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	206	614	\$56,053	\$272	\$91	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	3	5	\$1,669	\$556	\$334	2
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category
Children with Mental Illness
Fiscal Year 2004-2005
State of Michigan

Summit Pointe Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	48	90	\$4,173	\$87	\$46	2
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	8	8	\$2,119	\$265	\$265	1
Additional Codes-Physician Services		99254	Encounter	1	1	\$325	\$325	\$325	1
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	9	10	\$7,915	\$879	\$792	1
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Summit Pointe	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	167	170	\$31,527	\$189	\$185	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	1	1	\$346	\$346	\$346	1
Treatment Planning		H0032	Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	98	15,327	\$604,288	\$6,166	\$39	156
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	1	1	\$93	\$93	\$93	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	44	339	\$26,944	\$612	\$79	8
Community Living Supports (15 Minutes)		H2015	15 Minutes	35	54,846	\$263,583	\$7,531	\$5	1,567
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	4	1,154	\$315,018	\$78,755	\$273	289
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Children with Mental Illness

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State of Michigan

Summit Pointe Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	39	51,199	\$67,153	\$1,722	\$1	1,313
Supports Coordination/Wrap Facilitation		T1016	15 minutes	48	811	\$53,185	\$1,108	\$66	17
Targeted Case Management		T1017	15 minutes	40	1,883	\$123,261	\$3,082	\$65	47
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	4	1,154	\$27,865	\$6,966	\$24	289
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				1,078		\$2,459,480			

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Tuscola	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	4	258	\$76,464	\$19,116	\$296	65
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	1	7	\$4,795	\$4,795	\$685	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	10	62	\$36,371	\$3,637	\$587	6
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	65	68	\$21,431	\$330	\$315	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	20	28	\$1,493	\$75	\$53	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	107	802	\$65,907	\$616	\$82	7
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	6	14	\$2,165	\$361	\$155	2
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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Tuscola

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	3	5	\$566	\$189	\$113	2
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	30	78	\$7,077	\$236	\$91	3
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	107	471	\$61,931	\$579	\$131	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	1	5	\$340	\$340	\$68	5
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0

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Tuscola	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221	0	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		5	5	\$625	\$125	\$125	1
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		5	18	\$720	\$144	\$40	4
Additional Codes-Physician Services		99232		10	36	\$1,377	\$138	\$38	4
Additional Codes-Physician Services		99233		1	3	\$120	\$120	\$40	3
Additional Codes-Physician Services		99238	30 Minutes or less	1	1	\$60	\$60	\$60	1
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0

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State of Michigan

Tuscola Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	71	80	\$13,083	\$184	\$164	1
Treatment Planning		H0032	Encounter	114	133	\$32,789	\$288	\$247	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	124	10,834	\$771,288	\$6,220	\$71	87
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	54	566	\$34,394	\$637	\$61	10
Community Living Supports (15 Minutes)		H2015	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	1	30	\$8,550	\$8,550	\$285	30
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	1	248	\$70,680	\$70,680	\$285	248
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0

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Tuscola	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	1	732	\$1,332	\$1,332	\$2	732
Supports Coordination/Wrap Facilitation		T1016	15 minutes	1	53	\$4,426	\$4,426	\$84	53
Targeted Case Management		T1017	15 minutes	9	99	\$7,523	\$836	\$76	11
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	28	38	\$9,346	\$334	\$246	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				256		\$1,234,853			

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Van Buren Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/TMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	7	52	\$31,980	\$4,569	\$615	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	45	47	\$11,750	\$261	\$250	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	98	227	\$11,149	\$114	\$49	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	138	563	\$54,680	\$396	\$97	4
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	61	77	\$10,100	\$166	\$131	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Van Buren

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	41	63	\$6,300	\$154	\$100	2
Therapy-Family Therapy		90847	Encounter	122	286	\$28,630	\$235	\$100	2
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	43	199	\$7,960	\$185	\$40	5
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	113	431	\$26,938	\$238	\$63	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	21	84	\$8,400	\$400	\$100	4
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Children with Mental Illness

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State of Michigan

Van Buren

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		2	2	\$140	\$70	\$70	1
Additional Codes-Physician Services		99222		2	2	\$140	\$70	\$70	1
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		2	3	\$210	\$105	\$70	2
Additional Codes-Physician Services		99232		1	1	\$70	\$70	\$70	1
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Van Buren	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	3	4	\$600	\$200	\$150	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	124	124	\$18,600	\$150	\$150	1
Treatment Planning		H0032	Encounter	172	249	\$24,900	\$145	\$100	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	23	3,495	\$314,550	\$13,676	\$90	152
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	5	10	\$1,450	\$290	\$145	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	61	319	\$7,975	\$131	\$25	5
Community Living Supports (15 Minutes)		H2015	15 Minutes	72	7,734	\$61,872	\$859	\$8	107
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	26	84	\$13,200	\$508	\$157	3
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Children with Mental Illness

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State of Michigan

Van Buren

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	10	567	\$4,536	\$454	\$8	57
Supports Coordination/Wrap Facilitation		T1016	15 minutes	101	5,564	\$522,000	\$5,168	\$94	55
Targeted Case Management		T1017	15 minutes	101	4,457	\$401,130	\$3,972	\$90	44
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	15	16	\$2,400	\$160	\$150	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				406		\$1,571,659			

CMHSP Cost Data by Service Category

Children with Mental Illness

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State of Michigan

Washtenaw

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	4	431	\$206,432	\$51,608	\$479	108
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	2	10	\$1,940	\$970	\$194	5
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	51	446	\$231,322	\$4,536	\$519	9
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	7	59	\$11,766	\$1,681	\$199	8
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	364	683	\$190,878	\$524	\$279	2
Assessment-Psychiatric Assessment		90802	Encounter	1	1	\$419	\$419	\$419	1
Therapy-Individual Therapy		90804	Encounter 20-30 Min	1	3	\$314	\$314	\$105	3
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	11	47	\$8,209	\$746	\$175	4
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Children with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Washtenaw

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	378	3,328	\$697,582	\$1,845	\$210	9
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	41	192	\$13,415	\$327	\$70	5
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	239	1,076	\$120,286	\$503	\$112	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0

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Washtenaw

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Children with Mental Illness

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Washtenaw

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032	Encounter	169	187	\$26,131	\$155	\$140	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	47	2,094	\$36,582	\$778	\$17	45
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	18	113	\$6,269	\$348	\$55	6
Community Living Supports (15 Minutes)		H2015	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0

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Washtenaw Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	16	61	\$8,702	\$544	\$143	4
Targeted Case Management		T1017	15 minutes	198	1,779	\$273,824	\$1,383	\$154	9
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				495		\$1,834,073			

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West Michigan									
Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/TMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	1	8	\$3,139	\$3,139	\$392	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	13	107	\$41,985	\$3,230	\$392	8
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	85	94	\$42,888	\$505	\$456	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	19	25	\$2,186	\$115	\$87	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	124	748	\$130,795	\$1,055	\$175	6
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	4	12	\$3,147	\$787	\$262	3
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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CMHSP Cost Data by Service Category

Children with Mental Illness

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State of Michigan

West Michigan									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	60	324	\$50,534	\$842	\$156	5
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	94	507	\$39,343	\$419	\$78	5
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	135	530	\$70,893	\$525	\$134	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	6	7	\$1,145	\$191	\$164	1
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	35	140	\$19,799	\$566	\$141	4
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Children with Mental Illness

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State of Michigan

West Michigan Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0

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Children with Mental Illness

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State of Michigan

West Michigan									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	227	245	\$60,863	\$268	\$248	1
Treatment Planning		H0032	Encounter	107	145	\$30,514	\$285	\$210	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	40	10,412	\$501,650	\$12,541	\$48	260
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	70	459	\$17,552	\$251	\$38	7
Community Living Supports (15 Minutes)		H2015	15 Minutes	1	54	\$465	\$465	\$9	54
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	59	19,715	\$113,164	\$1,918	\$6	334
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	83	242	\$42,050	\$507	\$174	3
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	44	18,408	\$16,567	\$377	\$1	418
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0

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Children with Mental Illness
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State of Michigan

West Michigan Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	0	0	\$0	\$0	\$0	0
Targeted Case Management		T1017	15 minutes	176	6,586	\$330,024	\$1,875	\$50	37
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	23	30	\$7,453	\$324	\$248	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				1	0	\$102	\$102	\$0	0
Total Population and Cost				481		\$1,526,258			

CMHSP Cost Data by Service Category

Children with Mental Illness

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State of Michigan

Woodlands Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	24	286	\$148,585	\$6,191	\$520	12
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	1	4	\$2,608	\$2,608	\$652	4
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			1	23	\$1,995	\$1,995	\$87	23
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	47	47	\$11,186	\$238	\$238	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	11	23	\$1,506	\$137	\$65	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	127	497	\$64,113	\$505	\$129	4
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	17	25	\$3,225	\$190	\$129	1
Therapy-Family Therapy		90847	Encounter	96	293	\$37,797	\$394	\$129	3
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	21	149	\$28,757	\$1,369	\$193	7
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	74	201	\$15,897	\$215	\$79	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0

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Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170	Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
General dental services		D0150	Encounter	0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0

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Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	174	175	\$22,676	\$130	\$130	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	3	8	\$3,064	\$1,021	\$383	3
Treatment Planning		H0032	Encounter	85	85	\$10,965	\$129	\$129	1
Health Services		H0034	15 Minutes	71	101	\$4,257	\$60	\$42	1
Home Based Services		H0036	15 Minutes	27	5,924	\$250,289	\$9,270	\$42	219
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	17	74	\$4,403	\$259	\$60	4
Community Living Supports (15 Minutes)		H2015	15 Minutes	3	2,302	\$10,935	\$3,645	\$5	767
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	1	369	\$22,214	\$22,214	\$60	369
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	2	5	\$645	\$323	\$129	3
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0

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Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	2	166	\$531	\$266	\$3	83
Supports Coordination/Wrap Facilitation		T1016	15 minutes	0	0	\$0	\$0	\$0	0
Targeted Case Management		T1017	15 minutes	20	881	\$52,420	\$2,621	\$60	44
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	1	365	\$18,516	\$18,516	\$51	365
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	23	24	\$2,903	\$126	\$121	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				242		\$719,487			